

REPORTS INVENTORY					CONTROL NO.	
*REPAIR IN DUPLICATE					DDS/IPC-06	
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
DP Manpower and Cost Summary - Formats F, G, H, I, J, and K						
3. FUNCTIONAL AREA	<input checked="" type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> TRAINING <input checked="" type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE	<input checked="" type="checkbox"/> ADMIN. GENERAL <input checked="" type="checkbox"/> OTHER (specify) MIS			
4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
2	Annual				1 - OPPB	
7. FORMAT (memorandum, form computer print-out, etc)			8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		BOB Circular No. A-83	
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Directorate			Received from 7 DD/S Directorates, worked, consolidated, and fed to OPPB			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	HOURS PER REPORT	COST PER REPORT	TIMES PREPARED	COST PER YEAR	
13	9.40	8	\$75.20	1	\$75.20	
B. COSTS OF COMPUTER PRODUCED REPORTS						
3 pages x 3 copies x .03 = \$.27						
TOTAL COSTS PER YEAR						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
OMB Requirement - Initial Report June 1967						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					<input type="checkbox"/> OTHER (explain) N/A	
17. DATE OF INVENTORY					18. EXTENSION	
9-24-70						